

Louisiana (03-45)
Approved: 02/06/04
Effective: 11/01/03

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-45	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.210 (a) (2) (ii) & 447.201	7. FEDERAL BUDGET IMPACT: a. FFY <u>2004</u> (\$2,478.94) b. FFY <u>2005</u> (\$6,312.35)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 8 Attachment 3.1-A, Item 20.b., Page 1 & 2 Attachment 3.1-B, Page 1 Attachment 4.19-B, Item 20.b., Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (95-23) None (New Pages) Same (03 17-Pending) None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to provide extended dental services to categorically eligible pregnant women.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 1, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5 DECEMBER 2003	18. DATE APPROVED: 6 FEBRUARY 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 NOVEMBER 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

X Provided: X With limitations*

 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

SUPERSEDES: TN- 95-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>5 Dec 03</u>	
DATE APPV'D <u>6 Feb 04</u>	
DATE EFF <u>1 Nov 03</u>	
HCFA 179 <u>03-45</u>	

TN No. 03-45 Approval Date 6 Feb 04 Effective Date 1 Nov 03

Supersedes

TN No. 95-23

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION

42 CFR 440.210

(a)(2)(ii)

Medical and Remedial

Care & Services

Item 20.b.

Extended Services for Pregnant Women-Services for any
 other medical conditions that may complicate pregnancy

The Bureau of Health Services Financing (BHSF) includes
 coverage of certain designated dental services for
 categorically eligible pregnant women.

Medicaid coverage of these services ends at the conclusion
 of the pregnancy.

Pregnant woman certified as Qualified Medicare
 Beneficiaries are not covered unless the services are covered
 by Medicare.

Covered Services - Dental services include the following:

Comprehensive Periodontal Evaluation-New or Established
 Patient

Intraoral - Periapical First Film

Intraoral - Periapical Each Additional Film

*Intraoral - Occlusal Film

Bitewings, Two Films

*Panoramic Film

Prophylaxis - Adult

*Amalgam, One Surface, Primary or Permanent

*Amalgam, Two Surfaces, Primary or Permanent

*Amalgam, Three Surfaces, Primary or Permanent

*Amalgam, Four or More Surfaces, Permanent

*Resin-based Composite, One Surface, Anterior

*Resin-based Composite, Two Surfaces, Anterior

*Resin-based Composite, Three Surfaces, Anterior

*Resin-based Composite, Four or More Surfaces or
 Involving Incisal Angle, Anterior

*Resin-based Composite Crown, Anterior

*Prefabricated Stainless Steel Crown, Permanent Tooth

*Prefabricated Resin Crown

*Pin Retention, Per Tooth, In Addition to Restoration

*Periodontal Scaling and Root Planing - Four or More
 Contiguous Teeth or Bounded Teeth Spaces Per
 Quadrant

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SUPERSEDES: NONE - NEW PAGE

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STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Medical and Remedial
Care & Services
Item 20.b.

Covered Services (Continued)

- *Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis
- Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)
- *Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth
- *Removal of Impacted Tooth, Soft Tissue
- *Removal of Impacted Tooth, Partially Bony

*Prior Authorization Required

SUPERSEDES: NONE - NEW PAGE

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STATE OF LOUISIANA
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-B

Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY

GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

STATE <u>Louisiana</u>	A
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The following ambulatory services are provided.*

Item No.

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - d.1. Anesthetists' services.
(CRNAs & Anesthesiologists)
 - d.2. Audiologists' services.

7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aid services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in the home.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13.
 - d. Rehabilitative services.
15. Intermediate Care Facility for the Mentally Retarded (ICF/MR) services.
17. Nurse-midwife services.
18. Hospice Care
19. Optional targeted case management services.
20. Extended services for pregnant women.
 - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation.
 - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services

*Description provided on Attachment 3.1-A

SUPERSEDES: TN- 03-17

TN No. 03-45 Approval Date 6 Feb 04 Effective Date 1 Nov 03

Supersedes

TN No. 03-17

STATE OF LOUISIANAPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR 447.201

Medical and Remedial
Care & Services
Item 20.b.

Extended Services for Pregnant Women - Services for any
other medical conditions that may complicate pregnancy

Reimbursement-Covered Dental Services

Reimbursement for these services is a flat fee based on the published fee schedule established by the Bureau for the EPSDT Program.

The EPSDT dental services fee schedule represents negotiated rates developed in consultation with the Louisiana Dental Association and our dental consultant(s) from the School of Dentistry.

Dental services for pregnant women, using the same payment methodology as the EPSDT Program, are reimbursed at the lower of:

- (1) The dentist's billed charges; or
- (2) The State's established schedule of fees available in Provider Updates and the Dental Services Manual minus any third party coverage.

Public and private providers are paid the same rate for the same type of service.

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